

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000089657

1. Corporation Name

BOKEY CONCRETE PUMPING, INC.

Principal Place of Business Mailing Address

114 AZALEA LANE
SANFORD FL 32773

114 AZALEA LANE
SANFORD FL 32773

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/2001

5. FEI Number

59-3739951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1 P	2 Joseph Baker 114 Azalea Lane, Sanford FL 32773	3	4

8. Name and Address of Current Registered Agent

BAKER, JOSEPH
114 AZALEA LANE
SANFORD FL 32773

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State Zip Code
FL

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Joseph Baker
REGISTERED AGENT MUST SIGN

Date 10/24/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Joseph Baker
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 321-377-5914

Date

Daytime Phone #

October 24, 2002

Florida Dept Of State
Division Of Corporation

This letter is to request reinstatement of my corporation- - Bokey Concrete Pumping Inc.

This is my first annual report/uniform business report that I have received in the mail.

Perhaps the first report was sent to the wrong address. I am not sure of what happened
but I am sure I did not receive this document before. My correct mailing address is: 114
Azalea Lane, Sanford FL 32771. My correct phone number is 321-377-5914

Joseph C. Baker

Joseph Baker